

DBA Name: \_\_\_\_\_



The Village of Arlington Heights  
 33 South Arlington Heights Road  
 Arlington Heights, Illinois 60005

Liquor Licenses  
 847-368-5100

## **Application for a NEW Retail Liquor Dealer's License**

Provisions of the Liquor License Application is NO assurance that a liquor license will be granted. A liquor license is NOT transferable.

Date: \_\_\_\_\_

Pursuant to the provisions of Section 13-603 of Chapter 13 of the Municipal Code of Arlington Heights of 1995, (as amended) regulating the sale of Alcoholic Liquors in the Village of Arlington Heights and the State of Illinois, the undersigned:

\_\_\_\_\_ **Print Name and Title** of individual who is authorized to sign application for the Business Entity

\_\_\_\_\_ (Print) Business Entity                      \_\_\_\_\_ (Print) Establishment Name (doing business as)

Hereby makes application for a Class \_\_\_\_\_ \* License, for the above titled year and tenders the sum of \$ \_\_\_\_\_; the annual fee for said license.

\*See Chapter 13, Municipal Code, for requirements and restrictions of each Class.

Package License	Food Service License	Specialty License
<input type="checkbox"/> Class B                      \$3,700 (Grocery Stores, Liquor Stores) <input type="checkbox"/> Class T                      (select to allow tastings)                      No Fee	<input type="checkbox"/> Class A                      \$3,800 (Restaurant with seating capacity at tables for minimum of 25 persons)	<input type="checkbox"/> Class C                      \$650 (Private Club)
<input type="checkbox"/> Class BB                      \$2,700 (Wine Shops)	<input type="checkbox"/> Class A Supplemental                      \$650 See Chapter 13	<input type="checkbox"/> Class DD                      \$4,600 (Bowling Alley)
	<input type="checkbox"/> Class AA                      \$4,600 (Restaurant with seating capacity at tables of minimum of 75 persons)	<input type="checkbox"/> Class F Refer to Chapter 13-501, Art. V (J)
	<input type="checkbox"/> Class AA Supplemental                      \$200 See Chapter 13	<input type="checkbox"/> Class G                      \$4,600 (Banquet Halls)
	<input type="checkbox"/> Class AA Adjunct                      \$2,600 See Chapter 13	<input type="checkbox"/> Class H                      \$650 (Senior Housing Developments)
	<input type="checkbox"/> Class E                      \$2,700 Beer & Wine Only (Restaurants with seating capacity at tables for food service for min. 25 persons)	<input type="checkbox"/> Class I                      \$3,000 (Wine Café)
		<input type="checkbox"/> Class J                      \$200 (Live Theater)

DBA Name: \_\_\_\_\_

1. APPLICANT			
A. Business Entity Name:		B. Doing Business As: (establishment name)	
C. Business Entity Address, City, State, Zip:			
D. Business Entity Phone #:	E. Email Address:	F. IL Business Tax # (IBT or Sales Tax #):	
G. <b>Registered Agent:</b>	Address, City, State, Zip:		Phone #:

**2. BUSINESS STRUCTURE**

**Check the applicable box below** (sole proprietorship, partnership, Illinois corporation, foreign corporation, limited liability company) which corresponds to your business' official papers filed with the Office of the Secretary of State.

**NOTE:** In the case of a sole proprietorship, Section 5/6-2 of the Illinois Liquor Control Act requires that the business owner reside within the jurisdiction that grants the local liquor license.

- A.  Sole Proprietorship      Date Filed with County Clerk: \_\_\_\_\_
- B.  Partnership                      Date of Formation: \_\_\_\_\_
- C.  Illinois Corporation              Date of Incorporation: \_\_\_\_\_
- D.  Foreign Corporation              State of Incorporation: \_\_\_\_\_
- Date qualified to do business in Illinois: \_\_\_\_\_
- E.  Limited Liability Company      Date Formed: \_\_\_\_\_

Purpose or Character of Business:

\_\_\_\_\_

**3. OWNERSHIP INFORMATION**

Pursuant to the Arlington Heights Municipal Code, Sections 13-203, 301, and 302 the Village requires personal information for certain parties of the applicant. Please provide the principal, partner, officer, shareholder, director, member, and manager (if an LLC) information in accordance with your business structure selected in Question 2.

NOTE: Any interested party holding a managerial role in the applicant's place of business, and any person holding an aggregate amount of 5% or more interest in the business entity will be subject to the restrictions on licenses pursuant to the Arlington Heights Municipal Code.

3-1.

Name (Last, First, Middle Initial)		Home Address		City	State	Zip Code
Social Security No.	Driver's License No.	Date of Birth	(Area)Telephone No.	Title/Position	%Owned/Interest	
Are you a U.S. Citizen? ( )Yes ( )No, Citizen of:			If Applicable, Place of Naturalization and Date:			

3-2.

Name (Last, First, Middle Initial)		Home Address		City	State	Zip Code
Social Security No.	Driver's License No.	Date of Birth	(Area)Telephone No.	Title/Position	%Owned/Interest	
Are you a U.S. Citizen? ( )Yes ( )No, Citizen of:			If Applicable, Place of Naturalization and Date:			

DBA Name: \_\_\_\_\_

3-3.

Name (Last, First, Middle Initial)		Home Address		City	State	Zip Code
Social Security No.	Driver's License No.	Date of Birth	(Area)Telephone No.	Title/Position	%Owned/Interest	
Are you a U.S. Citizen? ( )Yes ( )No, Citizen of:				If Applicable, Place of Naturalization and Date:		

3-4.

Name (Last, First, Middle Initial)		Home Address		City	State	Zip Code
Social Security No.	Driver's License No.	Date of Birth	(Area)Telephone No.	Title/Position	%Owned/Interest	
Are you a U.S. Citizen? ( )Yes ( )No, Citizen of:				If Applicable, Place of Naturalization and Date:		

3-5.

Name (Last, First, Middle Initial)		Home Address		City	State	Zip Code
Social Security No.	Driver's License No.	Date of Birth	(Area)Telephone No.	Title/Position	%Owned/Interest	
Are you a U.S. Citizen? ( )Yes ( )No, Citizen of:				If Applicable, Place of Naturalization and Date:		

3-6.

Name (Last, First, Middle Initial)		Home Address		City	State	Zip Code
Social Security No.	Driver's License No.	Date of Birth	(Area)Telephone No.	Title/Position	%Owned/Interest	
Are you a U.S. Citizen? ( )Yes ( )No, Citizen of:				If Applicable, Place of Naturalization and Date:		

3-7.

Name (Last, First, Middle Initial)		Home Address		City	State	Zip Code
Social Security No.	Driver's License No.	Date of Birth	(Area)Telephone No.	Title/Position	%Owned/Interest	
Are you a U.S. Citizen? ( )Yes ( )No, Citizen of:				If Applicable, Place of Naturalization and Date:		

3-8.

Name (Last, First, Middle Initial)		Home Address		City	State	Zip Code
Social Security No.	Driver's License No.	Date of Birth	(Area)Telephone No.	Title/Position	%Owned/Interest	
Are you a U.S. Citizen? ( )Yes ( )No, Citizen of:				If Applicable, Place of Naturalization and Date:		

Please add an addendum if additional ownership/interest needs to be reflected.

**4. BUSINESS ESTABLISHMENT LOCATION**

Address:	Arlington Heights, IL	Zip Code:	Phone #:
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What major intersections is your business near?

Has this location held a liquor license? Yes ( ) No ( )	If yes, list type of liquor license:
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Is the establishment open for business? Yes ( )  
**or** list anticipated opening date:

Does applicant have a current business license? Yes ( ) No ( )  
 Business License Number:

**Hours of Operation:** (check Section 13-503 for allowed hours)

MON	TUES	WED	THURS	FRI	SAT	SUN

**Ownership of Location:**

Owned ( ) Provide Proof of Ownership (e.g. title policy, deed)  
 OR  
Leased ( ) Provide copy of signed lease for full period of license  
 Date Lease Expires: \_\_\_\_\_  
 \*Please note: Any sublease arrangement must have landlord's approval. Please provide a signed letter from the landlord stating approval.

<b>Landlord:</b>	Contact Person:	Phone #:
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Address, City, State, Zip:

**5. MANAGER INFORMATION** (This is the person(s) who will be responsible for the on-site management of the establishment)

**On-Site Manager(s) Information:**

1) Name: \_\_\_\_\_ Email: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 2) Name: \_\_\_\_\_ Email: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_

- A. Has the manager(s) been fingerprinted: Yes ( ) No ( ) Will Be ( )
- B. Does your manager possess the qualifications required to obtain State and Local Licenses to operate an alcoholic business? Yes ( ) No ( )
- C. Does your manager have a BASSET card? Yes ( ) No ( )  
 (Please note: A copy of the manager's BASSET card must be on file with the Village Manager's Office)
- D. I understand that as new managers are employed, they must be fingerprinted and submit a copy of their BASSET card. Yes ( ) No ( )

6. I understand Dram Shop Insurance MUST be provided prior to opening the location for business and that the insurance shall remain in force during the period for which the license is issued. The evidence of insurance shall also provide that the insurance company shall give at least 10 days notice to the Village prior to any cancellation. In addition, the Village of Arlington Heights, IL must be listed as a Certificate Holder and there must be a coverage limit for liquor liability of not less than \$1,000,000 per occurrence. Yes ( ) No ( )
7. I acknowledge the requirement of BASSET certification, as detailed in Chapter 13 Article II, Section 204 of the Municipal Code, within the time period specified by the ordinance. In addition, I understand that copies of BASSET certificates for all employees must be kept on file at the place of business. Yes ( ) No ( )
8. Has any principal, partner, officer, member, manager, or employee of the business entity given management duties ever:
- A. Been convicted of a Felony or Misdemeanor (as described in Section 13-301)? Yes ( ) No ( )
  - B. Been convicted of a violation of any Federal or State law concerning the manufacture, possession or sale of alcoholic liquor, or forfeited their bond for failure to appear in court to answer charges for any such violation? Yes ( ) No ( )
  - C. Had a liquor license revoked or suspended? Yes ( ) No ( )
  - D. Been denied a liquor license from any jurisdiction? Yes ( ) No ( )
  - E. Been involved with a liquor violation at any Local or State level? Yes ( ) No ( )
  - F. Been delinquent in the payment of any Local or State business taxes (sales, food & beverage, withholding, etc.)? Yes ( ) No ( )
  - G. Held any law enforcement office or a position as an elected or appointed public official? Yes ( ) No ( )
  - H. Been issued a Federal Gaming Device Stamp? Yes ( ) No ( )
  - I. Been issued a Federal Wagering Stamp? Yes ( ) No ( )
  - J. Been convicted of a gambling offense? Yes ( ) No ( )
  - K. Been convicted of being the keeper of, or is keeping, a house of ill-fame? Yes ( ) No ( )
  - L. Been convicted of pandering or other crime or misdemeanor opposed to decency and morality? Yes ( ) No ( )

If answered yes to any questions from above, explain:

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9. Are you eligible to receive a State retail liquor license? Yes ( ) No ( )
10. Is your business entity valid and in good standing with the State of IL?  
Yes ( ) No ( )
11. Are you familiar with and do you possess copies of the Liquor Control Laws of the Village of Arlington Heights and the State of Illinois? Yes ( ) No ( )
12. Are you disqualified to receive a license for any reason by this ordinance, the State of Illinois or other ordinances of this Village? Yes ( ) No ( )
13. Do you agree to abide by all laws of the State of Illinois, the United States of America, and by all ordinances, regulations and laws established by the Village of Arlington Heights in the conduct of your place of business? Yes ( ) No ( )
14. I acknowledge the requirement to provide 30 days written notice to the Village prior to any individual seeking to acquire 5% or more of the stock of a corporation or the same minimum percentage shares of ownership in an LLC. I also understand that each person seeking to acquire 5% or more shall comply with the provisions of Section 13-203 as though that person were applying for a license as an individual.  
Yes ( ) No ( )
15. I understand that if any information submitted in this application should change during the term of the liquor license, I am required to notify the Village of Arlington Heights Liquor Control Commissioner and submit an amended application containing the new information.  
Yes ( ) No ( )
16. I understand that no liquor license shall be issued for the sale at retail of any alcoholic liquor within 100 feet of any church, school, hospital, home for the aged or indigent persons or for veterans, their spouses or children or any military or navy stations; provided that this prohibition shall not apply to hotels offering restaurant service, regularly organized clubs, or to restaurants, food shops or other places where the sale of alcoholic liquors is not the principal business carried on, if such place of business exempted has been established for such purposes prior to the taking effect of this article.  
Yes ( ) No ( )
17. Do you currently hold a liquor license in another jurisdiction or has a liquor license been previously issued? Yes ( ) No ( )

If answer to question above is "Yes", provide names of the establishments and complete addresses, and dates of ownership.

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**AFFIDAVIT**

I, the undersigned, hereby swear and affirm that I am the applicant for the license requested in the foregoing application, that I am of good repute, character and standing and that the answers to questions asked in the foregoing application are true and correct. I further state that I have read and understand the provisions of the Arlington Heights Municipal Code relating to the sale and delivery of alcoholic beverages and that I agree not to violate any of the laws of the State of Illinois, the United States of America, or the ordinances of the Village of Arlington Heights in conducting my/our business.

**I further understand that any untrue, incorrect, or misleading information provided in this application is sufficient cause for the refusal to grant any license or the revocation of any license granted in response to this application.**

I further give my permission to the Village of Arlington Heights or any agency of the Village to check with any agency or individual named or referred to in this application to verify or clarify any information I have provided in this application.

By signing this document, I agree that:

The current owner and landlord are aware that I have submitted this liquor application.

And that I am:

In negotiations to buy/lease this space

Or

I have bought or signed a lease for this space

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

Subscribed and sworn to before me  
this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Signature

\_\_\_\_\_  
Stamp